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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	I hereby appoint:							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	Practitioners associated with the Customer Number:				12973			
Assignee Name and Address:  Allscripts Software, LLC  222 Merchandise Mart Plaza, Suite 2024  Chicago, Illinois 60654  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioners is authorized to act on behalf of the assignee, and must identify the application in which this Power of Astorony is to be filed.  SIGNATURE of Assignee of Record	OR							
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned phy to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) for mediane with 37 CFR 3.73(b) to:    Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:   The address associated with Customer Number:   12973	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
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The mutatudal whose signature and the is supplied below is authorized to act on behan of the assignee								
Signature Date 3/5/20/2	Signature Marsneli St			<u> </u>		Date 3/5/20/2		
Name Jacqueline Studer Telephone	Name	Jacquelin	Jacqueline Studer			Telephone		
Title General Counsel  This collection of information is required by 37 CER 1.31, 1.32 and 1.33. The information is required to obtain or retain a henefit by the public which is to file (and								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. An example to on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**